

# CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE

Jun 28, 2018

|                                 |   |                  |
|---------------------------------|---|------------------|
| CONTRACT NO<br>N40080-17-C-0505 | TITLE AND LOCATION<br>Repairs to Paint & Blast Shop, Bldg. 339NS, NSA Annapolis | REPORT NO<br>023 |
|---------------------------------|---|------------------|

|            |                |
|------------|----------------|
| CONTRACTOR | SUPERINTENDENT |
|------------|----------------|

|   |                             |                    |                    |
|---|-----------------------------|--------------------|--------------------|
| AM WEATHER<br>Clear; increasingly humid | PM WEATHER<br>Partly Cloudy | MAX TEMP (F)<br>83 | MIN TEMP (F)<br>68 |
|---|-----------------------------|--------------------|--------------------|

## WORK PERFORMED TODAY

| Schedule Activity No | WORK LOCATION AND DESCRIPTION  | EMPLOYER       | NUMBER | TRADE                             | HRs |
|----------------------|--|----------------|--------|-----------------------------------|-----|
| 64; 65; 70; 71       | Bldg 339NS Weld Shop - continuing piping of installed UH 4-1, UH 4-1, UH 5-1 in Machine / Welding Shop area. | BPI Mechanical | 2      | Pipefitter; Pipefitter Apprentice | 16  |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |
|                      |  |                |        |                                   |     |

|                   |   |   |  |     |
|-------------------|---|---|--|-----|
| <b>JOB SAFETY</b> | WAS A JOB SAFETY MEETING HELD THIS DATE?<br>(If YES attach copy of the meeting minutes)   | <input checked="" type="radio"/> YES <input type="radio"/> NO | TOTAL WORK HOURS ON JOB SITE THIS DATE, INCL CONT SHEETS | 16  |
|                   | WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?<br>(If YES attach copy of completed OSHA report)  | <input type="radio"/> YES <input checked="" type="radio"/> NO | CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT      | 414 |
|                   | WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE?<br>(If YES attach statement or checklist showing inspection performed) | <input type="radio"/> YES <input checked="" type="radio"/> NO | TOTAL WORK HOURS FROM START OF CONSTRUCTION              | 430 |
|                   | WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?<br>(If YES attach description of incident and proposed actions.)                    | <input type="radio"/> YES <input checked="" type="radio"/> NO |  |     |

|                      |  |   |     |     |
|----------------------|--|---|-----|-----|
| Schedule Activity No | LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED | <input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET | Add | Del |
| 64; 65; 70; 71       | Proper wearing and use of PPE; working off of a ladder       |   |     |     |
|                      |  |   |     |     |
|                      |  |   |     |     |

|   |     |     |
|---|-----|-----|
| EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER) | Add | Del |
|---|-----|-----|

| Schedule Activity No | Submittal # | Description of Equipment/Material Received |
|----------------------|-------------|--|
|                      |             | Reducers and pipe nipples                  |
|                      |             |  |
|                      |             |  |
|                      |             |  |

|   |     |     |
|---|-----|-----|
| CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER. | Add | Del |
|---|-----|-----|

| Schedule Activity No | Owner | Description of Construction Equipment Used Today (incl Make and Model) | Hours Used |
|----------------------|-------|--|------------|
|                      |       |  |            |
|                      |       |  |            |
|                      |       |  |            |
|                      |       |  |            |

|  |     |     |
|--|-----|-----|
|  | Add | Del |
|--|-----|-----|

| Schedule Activity No | REMARKS                                     |
|----------------------|---|
|                      | All work progressing according to schedule. |
|                      |   |
|                      |   |
|                      |   |

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CONTRACTOR/SUPERINTENDENT

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